



## THE PHYSICIAN'S *Bookshelf*

**THE BIRTH OF NORMAL BABIES**—Lyon P. Strean, M.Sc., Ph.D., D.D.S., F.A.P.H.A.; Consultant, Norristown State Hospital, Norristown, Pa.; Consultant, Montgomery Hospital, Norristown, Pa. Twayne Publishers, Inc., 31 Union Square West, New York 3, New York, 1958. 194 pages, \$3.95.

The theme of this book is to the effect that abnormalities in fetal development are due almost exclusively to the occurrence of some stressful situation during the first three months of pregnancy. Abortions and stillbirths are attributed to the effects of a variety of infections and metabolic and emotional disorders. The mechanism suggested in most instances is the excessive production of cortisone by the adrenal gland in response to the particular stress at a time in pregnancy when various organs and structures are still in a formative stage. Also held responsible for some abortions and abnormalities, especially of the central nervous system, are hypoxia and avitaminosis (especially vitamin B<sub>6</sub>). The abnormalities referred to include cleft palate, hare lip, club feet, syndactylism, spina bifida, imbecility, mongolism, congenital heart defects, congenital cataract, etc. The stresses range from trauma, to physiologic events, to a wide variety of emotional upsets.

The author bases his thesis upon the results of animal experimentation in the production of fetal death or abnormality as reported in the literature and as carried out by himself, and upon a series of case histories. A few of the case histories will reveal the flavor of the dissertation: Kick in stomach—malformed right arm, attempted abortion—mongolian idiot, knee injury—cleft palate, tooth extraction—imbecile, poison ivy dermatitis—malformation of gut, hyperemesis—cleft palate, gonorrhea—stillbirth.

The reasoning is *post hoc, propter hoc* I am afraid. Many of the statements made are naive from a medical viewpoint and the whole affair is oversimplified. Heredity is recognized as an occasional cause of abnormality only.

Based on the author's belief he has developed the "Ten Commandments of Genesis" which seek to outline the principles to be followed in order to insure the birth of better babies—such as avoid traumatic stress, avoid physiologic stress (and if you get German measles at two months of pregnancy be sure to take gamma globulin), take multivitamin capsules daily, avoid emotional stress, avoid high altitude flying, avoid drugs such as morphine, tranquilizing agents and cortisone, etc.

This is a very interesting little book in spite of what I believe is gross overstatement and oversimplification. No doubt too many abnormalities have been attributed to "defective germ plasma" and to defective genes in the past and as such regarded as more or less inevitable. The suggestion that greater care and attention in the first three months of pregnancy might assist in avoiding abnormalities or abortion is good and points up the great importance of this formative stage of fetal development.

DANIEL G. MORTON, M.D.

**MYASTHENIA GRAVIS**—Kermit E. Osserman, M.D., F.A.C.P.; Physician-in-Charge, Myasthenia Gravis Clinic, The Mount Sinai Hospital, New York; Assistant Attending Physician, The Mount Sinai Hospital. Grune & Stratton, New York, 1958. 286 pages, \$10.00.

This little book, written by a recognized authority, has much to offer anyone interested in myasthenia gravis, either as the disease presents itself clinically or as it stands in relation to current researches on neuromuscular physiology. Dr. Osserman has provided a book which should be required reading for internists, pediatricians, neurologists, or surgeons who are called upon to manage this uncommon but fascinating disease.

The section on pathology, especially in relation to thymic and cardiac changes, and the illustrations of the muscle cellular pathology will be instructive to those who have felt that the disorder was simply a chemical imbalance at the neuromuscular junction.

In the chapter on physiology one finds, in summary form, a comprehensive review of the modern concepts of neuromuscular transmission. Especially valuable is the clear discussion of the various types of chemical and electrical defects which can produce muscle weakness or paralysis. The reader who has sufficient time and curiosity to read even a few of the many papers referred to in the section on pathophysiology will find a seemingly inexhaustible field of somewhat conflicting data, and the clarity with which Dr. Osserman has dovetailed the experimental results with the clinical problem deserves praise.

The sections on clinical aspects and treatment, complications, and surgical management are without equal as far as this reviewer is concerned, and if the physician does not have the time to struggle with the pharmacology and electrical properties of muscle, he may omit the first few chapters and still deal with the disease effectively. Nowhere will the reader find more attention to the details of clinical management or better instructions in the handling of complications. The values and dangers of the drug tests are thoroughly covered in the section on diagnosis, but the reader may come away with the impression that a diagnosis of myasthenia gravis is not as simple as some of the standard texts would suggest. Nothing could be closer to the truth, and Dr. Osserman has made every attempt to help the clinician evaluate all types of muscle weakness.

Thoracic surgeons will find compelling arguments for or against thymectomy, depending on the individual situation. Pediatricians may find much of interest in the chapters dealing with myasthenia in infants and children.

The book is recommended to anyone who has tried, or is likely to have to try, to diagnose and treat myasthenia. The chances are that anyone who is interested enough to consider seriously the diagnosis of myasthenia in a weak patient will find the answer here, but it is only fair to warn that the extensive bibliography may present a temptation incompatible with busy practice.